

**CLAIMS ONLY
BEST AVAILABLE COPY**

Application Number

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	/		/		/	
2		/		/		/
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49						
50						
Total Indep	28		28		9	
Total Depend	6	6	6	6	20	20
Total Claims	34		34		38	

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						